

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1PET (1738) FAX (602) 364-1039

VFTBOARD.AZ.GOV

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: July 30, 2018 Case Number: 19-10

A. This Complaint is Filed Against the Following:

Name of Veterinarian/CVT: Dr. Kelly Grant

Premise Name: Deer Creek Animal Hospital

Premise Address: 3025 E. Rose Garden Ln.

City: Phoenix State: AZ Zip Code: 85050-4777

Telephone: 602 404-0066

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT:

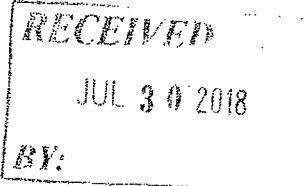
Name: Rikki Brady

Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

\*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.



C. PATIENT INFORMATION (1):

Name: Bling Bling Brady  
Breed/Species: Cockapoo  
Age: 11 Sex: M color: Tri-parti

PATIENT INFORMATION (2):

Name: N/A  
Breed/Species: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

2 404-0066 • Dr. Kelly Grant 3025 E. Rose Garden Lane Phx, AZ. 85050.  
30 563-5432 • Dr. David Taette 8864 E. Pinnacle Peak Rd. K-1 Scottsdale, AZ. 85255.  
80 563-5432 • Dr. Bonnie Walker 8864 E. Pinnacle Peak Rd. K-1 Scottsdale, AZ. 85255.  
22 945-2871 • Dr. Gavin Kennard 2316 West Northern Avenue Phx, AZ. 85021.

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Jacob Brady [REDACTED]  
Joan Tate 15501 E. [REDACTED]  
Cindy Bennette [REDACTED]

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Rikki Brady

Date: 7-15-18



8/11-8/13/17

Over the weekend, Bling experienced a massive increase in thirst and urination. Bling was up every hour or two to go to the bathroom.

8/14/17

Bling becomes incontinent. Deer Creek Animal Hospital was promptly notified however, I was told that this was a normal occurrence for the injection and to wait and see how Bling fared until the end of the week.

Later that day, Bling was incontinent and in a puddle of his urine yet did not even know it. The veterinarian was immediately called to make an appointment.

Additionally, that day, Bling's hearing and gait were off. He was unaware of his incontinence, disoriented, walking slow, and had an even greater increase in thirst and urination.

8/15/17

Exam at Deer Creek Animal Hospital. Labs were drawn and for the first time and diabetes and Cushing's were mentioned. The veterinarian expressed that he was very concerned about Bling's health.

8/16/17

Called at work and told that Bling's blood sugar was elevated. In fact, his blood sugar was more than 700 mg/dL.

I asked why the side effects were not even mentioned before the injection was given and I was accused of refusing bloodwork prior to the injection. I informed the manager that nothing was discussed prior to the injection let alone bloodwork or diabetes.

Later, I was instructed to pick-up donated insulin from Deer Creek Animal Hospital without and instructions or monitoring.

Again, I was accused of refusing bloodwork. I was also told that the 'good news' was that my dog's diabetes mellitus was not related to the injection.

Requested notes which stated I had refused bloodwork and after some time, I was told that they had made a mistake and I had not refused bloodwork. Obviously, I knew this to be true as it was never offered.

Sent home with insulin and monitoring my dog was never mentioned.

Uncomfortable with the instructions or lack thereof, I returned to my prior veterinarian. I was told not to begin insulin because my dog needed to be monitored after the insulin was administered. Also informed that steroids are no longer recommended for allergies.

8/17/17

Returned to former veterinarian so that insulin could be administered and Bling could be monitored.

8/17-9/30/17

During this period, our lives dramatically changed as Bling became worse regarding incontinence and disorientation. He could no longer be left alone for long periods which required another individual to sit with Bling as I work full-time. Additionally, I had to request many days off for veterinarian appointments, feedings, insulin, and related.

During this time, I also incurred massive expenses in relation to appointments, insulin, appropriate food, diapers, cleaning supplies for incontinence, and related.

1/1/17

Bling begins to become blind: he is consistently running into walls, missing steps, and bumping into curbs.

Bling is seen by an ophthalmologist and is prescribed eye drops that he will need for life. A cataract test is completed in February and told that he will be forever blind due to diabetes.

1/1/17-Present

Our lives have been drastically changed as Bling can no longer be left alone for long periods, must be fed on a schedule, endures multiple injections each day, and his blindness worsens.

Financially, it is hard to recover as I am the sole breadwinner in my home And must account for all associated costs such as insulin, diabetic food, eye drops, veterinarian appointments, etc.

Our quality of life has been greatly impacted as I continue to miss events with my son due to Bling's needs, not able to travel or even stay the night away from home, exercise has drastically diminished, and as my dog's needs increase, I am aware that it will further have an impact on our family.

I have a great respect for the veterinarian community and hope that no other family is as devastated, due to the lack of informed consent, as mine has been. My hope is that this veterinary clinic is held accountable, they are required to reimburse my expenses, and that they are required to provide essential information to all animal owners.

Sincerely,

Rikki Brady

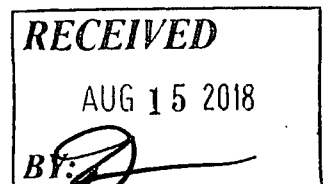
Kelly Grant, DVM  
Deer Creek Animal Hospital  
3025 E Rose Garden Lane  
Phoenix, Arizona 85050-4777  
602-404-0066  
08/08/2018

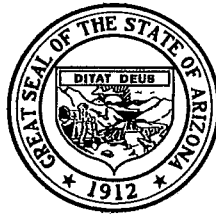
Client: Rikki Brady

08/4/2017: Patient presented for pruritus and haircoat changes. Treated for allergies.

08/15/2017: Patient presented for recheck of allergies and PU/PD. Lab work submitted to IDEX.  
Lab work revealed high blood glucose compatible with diabetes. Treatment started for diabetes.

Reference number  
19-10 In Re: Kelly Grant DVM





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**INVESTIGATIVE COMMITTEE REPORT**

**TO:** Arizona State Veterinary Medical Examining Board

**FROM:** PM Investigative Committee: Donald Noah, D.V.M. - Chair  
Amrit Rai, D.V.M.  
Adam Almaraz - **Absent**  
Christine Butkiewicz, D.V.M.  
William Hamilton

**STAFF PRESENT:** Tracy A. Riendeau, CVT – Investigations  
Victoria Whitmore, Executive Director  
Michael Raine, Assistant Attorney General

**RE:** Case: 19-10  
Complainant(s): Rikki Brady  
Respondent(s): Kelly Grant, DVM (License: 1465)

**SUMMARY:**

Complaint Received at Board Office: 7/30/18  
Committee Discussion: 11/6/18  
Board IIR: 12/12/18

**APPLICABLE STATUTES AND RULES:**

Laws as Amended July 2014  
(Salmon); Rules as Revised  
September 2013 (Yellow)

On August 4, 2017, "Bling Bling," an 11-year-old male Cockapoo was presented to Respondent for a red lesion on the abdomen. Respondent administered the dog a kenalog injection for possible allergies.

On August 15, 2017, the dog was presented to Respondent due to incontinence, disorientation, and polyuria and polydipsia. Blood work revealed the dog had diabetes mellitus and treatment was recommended.

**Complainant was noticed and appeared.**  
**Respondent was noticed and appeared.**

**The Committee reviewed medical records, testimony, and other documentation as described below:**

- Complainant(s) narrative: *Rikki Brady*
- Respondent(s) narrative/medical record: *Kelly Grant, DVM*
- Consulting veterinarian(s) narrative/medical record: *Pima North Animal Hospital; and Eye Care for Animals*

**PROPOSED 'FINDINGS of FACT':**

1. On August 4, 2017, the dog was presented to Respondent to have a red lesion on the abdomen evaluated. The medical record reads that the dog was presented for a dry nose, hair loss over the right eye, scratching at face and ears; check masses on entire body. The dog was currently on ½ Benadryl as needed. Upon exam, the dog had a weight = 29 pounds and a respiration rate = 80rpm; no temperature or heart rate – dog will bite and was muzzled. Respondent noted that the dog was slightly overweight, joint effusion and peri-articular scar to both stifles, mild red conjunctiva, red skin on face and peri-ocular small red plaque of thickened skin just left of prepuce on ventral abdomen. Respondent's assessment was older dog, old injuries/arthritis stifles, and allergies. The following was recommended and administered to the dog:

- a. Kenalog 0.3cc (concentration and route unknown);
- b. Tramadol 50mg, 15 tablets; ½ -1 tablet orally every 12 hours as needed for pain;
- c. Recommended Benadryl 25mg twice a day for the next two weeks; and
- d. Recommended a daily joint supplement.

2. According to Complainant, she had to ask what signs or symptoms to watch for. Respondent advised that the dog may have increased thirst. No risks or warnings were discussed prior and no blood work was offered.

3. Complainant reported the dog began having increased thirst. Over the weekend the dog's thirst increased further and was up every hour or two to urinate.

4. On August 14, 2017, Complainant contacted Respondent's premise to report the dog was incontinent. According to Complainant, she was advised that this was normal and to wait to see how the dog would do by the end of the week. It is documented in the medical record that Respondent advised that the steroid should wear off by the end of the month.

5. Later that day, the dog was unaware he was in a puddle of urine. Additionally, the dog was disoriented, his hearing and gait were off, and had a greater increase in thirst and urination. Complainant made an appointment to be seen the following day.

6. On August 15, 2017, the dog was presented to Respondent due to polyuria/polydipsia. The dog was eating well, not lethargic and was currently on Benadryl and glucosamine supplements. Upon exam, the dog had a weight = 28.50 pounds, a pulse rate = 116bpm and a respiration rate = 90rpm; no temperature taken. Respondent noted that the skin lesion was gone and there was licking occurring on the left front paw. Blood work and urinalysis was recommended and approved.

7. On August 16, 2017, Complainant was contacted with the results of the lab work by Respondent's associate, Dr. Wynn. She was advised that the dog had high blood glucose and glucose in the urine consistent with diabetes mellitus. Complainant became upset that the dog became diabetic as a result of the Kenalog injection; she was not told of the possible side effects. It was recommended Complainant come to the premise for insulin demo and to discuss diabetes in more detail. Complainant felt the premise should be financially responsible for the dog's treatment and requested to speak with a manager. Humulin N 100unit/mL – give 3 units SQ



every 12 hours – give after meals.

8. Later that day, the premise manager (SKK?) contacted Complainant. Complainant reiterated that she felt the premise should be responsible for treating the dog's diabetes. She further felt that blood work should have recommended prior to the Kenalog injection. The manager explained that she spoke with both doctors and they felt it was not likely that one Kenalog injection would cause this issue. Additionally, blood work was not indicated in a patient with allergy concerns. Complainant requested to speak with higher management; SKK advised that Angela would not be available until later in the week.

9. Later, Complainant went to the premise to pick up the prescription for insulin. SKK advised that she had a donated bottle of Novolin N to give Complainant to help with the costs of treatment. Complainant advised that she would like a copy of her dog's medical records as she no longer felt safe having her pet treated at that premise.

10. The dog was presented to Dr. Taetle at Pima North Animal Hospital. Dr. Taetle went over the dog's current history and examined the dog. His differentials were diabetes mellitus and iatrogenic Cushing's disease – a glucose = 673mg/dl. He recommended insulin therapy be started under hospital supervision the following day.

11. Complainant was reluctant to start the insulin in hopes the diabetes would resolve as the steroid injection wore off.

12. On August 21, 2017, Dr. Taetle's associate, Dr. Walker, took over the case. Based on the dog not improving, Complainant agreed to start the dog on insulin.

13. Dr. Walker monitored the dog's diabetes. The dog's symptoms continued to improve on insulin and Complainant helped monitor the dog with glucose strips at home.

### **COMMITTEE DISCUSSION:**

The Committee discussed that Complainant was concerned that a single kenalog injection was administered and caused diabetes mellitus in the dog. It has been documented that long term chronic use of steroids in dogs can result in transient or permanent diabetes however, although theoretically possible, it has not been seen by the veterinary members on the Committee. It is hard to determine if that occurred since there was not a baseline blood glucose performed.

The dog was older and slightly overweight which are known risk factors for diabetes. Diabetes is a life altering condition for both the animal and the pet owner and is unfortunately a common diagnosis in small breeds.

The Committee discussed that the dose of the steroid was on the conservative side and a single exposure has not been known to cause diabetes. There are certain conditions that will only respond to steroids and not other medications, like antihistamines. The Committee further discussed that the short timing also made it unlikely that the injection caused the diabetes.

Although blood work may have changed the recommendation of the kenalog, there was no

indication that blood work was necessary at the time of the exam. The Committee had issues with the case management after the diagnosis but that was not related to Respondent's involvement.

**COMMITTEE'S PROPOSED CONCLUSIONS of LAW:**

The Committee concluded that possible violations of the *Veterinary Practice Act* occurred.

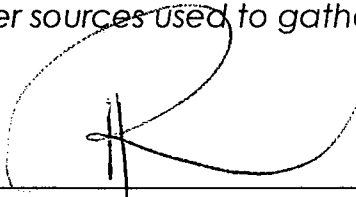
**COMMITTEE'S RECOMMENDED DISPOSITION:**

**Motion:** It was moved and seconded the Board find:

*ARS § 32-2232 (21) as it relates to AAC R3-11-502 (L) (7) (a) failure to document in the medical record the concentration of kenalog administered to the dog on August 4, 2017.*

**Vote:** The motion was approved with a vote of 4 to 0.

*The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.*

A handwritten signature in black ink, appearing to be 'TRACY A. RIENDEAU', written over a horizontal line.

Tracy A. Riendeau, CVT  
Investigative Division